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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/573,344	10/573,344 03/24/2006		David Peter Wharton		59750-012000		8031			
TITLE OF INVENTION: MEDICATION HOLDER										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAtD tSSUE	FEE	TOTAL FEE(S) DUE	D,	ATE DUE	
nonprovisional	YES	\$755	\$300		\$0	\$1055		02	2/23/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
DOUGLAS, STEVEN O 3771			128-202130							
1. Change of corresponder CFR 1.363). Change of corresponder Address form PTO/SB TFee Address" indir PTO/SB/47; Rev 03-07 Number is required.	(1) the names of u or agents OR, alteri (2) the name of a s registered attorney 2 registered patent	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
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MEDI-STREAM F	TY LTD ACN 11	Bowen Hills,	Bowen Hills, QLD, Australia							
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government										
4a. The following fee(s) a lssue Fee Publication Fee (No	A check is enclose Payment by credit	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _50-2638 (enclose an extra copy of this form).								
5. Change in Entity Stat	us (from status indicate	d above)								
a. Applicant claims			* *	_			TTY status. See 37 CF			
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